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	IZONA STATE BOA	BLYLIELICE	H State File No., Registered No	
IF BIRTH	STANDARD CERTIFIC	4 '		<i>y</i> 1
Tila	Stal	la arjones		······································
		Yillago		
lownship			81	Ward
ale	No	in a hospital or institution	n, give its NAME instead of al	reet and number)
200 8	ine Elmer		fil child is not :	zet named. make 🗄
no of child Billy doe	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	1.2.1.1111	Advisor Individual Control	
inild To be answered ONLY	4. Twin, triplet or other  5. No., in order of birth	196	7. Date of birth flower Day	1, 1931 Yest
PATHER		14.	MOTHER	
William Frankl	in Elmen !	Full malden name 🝼	ra Dodge	<del></del>
nce uni place of abodo) Flobe, a		16. Residence (Usual place of abode) If non-resident, give		na
resident, give place and state.		16. Color or race		Territoria.
or race	bir(hday 28 (Years)	white_	17. Age at last birthd	ay 2 4 (Years)
S		18. Birthplace (city or p	Dania,	
place (city or place)	amore	(State or country)	Lyons	<u> </u>
ate or country)	-	19. Occupation	,, ,	
ا بو patlon		Nature of Industry	austwell	
of Industry much		Nature of industrial	<u>,                                    </u>	10
		7/.00	21. Were precautions to	ken against oph-
ber of children of this mother	(a) Born alive and (b) Born alive but	now living	thaimia neonatorus	a?
s of time of birth of child herein	(c) Stillborn	now	1 74	<del> </del>
	TIPICATE OF ATTENDING	PHYSICIAN OR MIDW	IRE'	
certify that I attended the birth of	this child, who was	m www.	at 427 Am. on the	date above attaced
		orn alive or alilborn.)	<b>.</b>	
en there was no attending physician wife, then the father, householder, ould make this return. A stillborn	· L	phen's	· Au	. Das generale Diego en 1 ver paper beste h s'e sals abbes
s one that neither breather hith, other ovidence of life after birth.	-4	11.	(Physician or	midwife).
ame added from	Address La	row, my		A 1
59-1/9-645	Piled 7	1 1931 1	B, E, Wyhi	Registrar

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